

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

Governor Dave Freudenthal

**Approval Notice
Presumptive Eligibility (PE)
Medicaid Pregnant Women Program**

Date:

Client Name:

Client Mailing Address:

Based on the information you provided, you are temporarily eligible for the Medicaid Pregnant Women program for the time period: _____.

About your Presumptive Eligibility benefits:

- You are eligible for outpatient Medicaid covered services only.
- This coverage will not pay for the delivery of your baby.
- You will receive an EqualityCare/Medicaid card within 2 weeks. Take this card with you (or show this letter to providers before receiving your card) when you go to the doctor, hospital, or pharmacy. If you have previously been on a Medicaid program, you will not receive a new card. Your old card will be reactivated for your use. If you no longer have your old card, please call ACS at: 1-800-251-1269 to order another.

Note to Providers:

- Please call one of the following number to verify eligibility after the eligibility date above:
307-772-8403 or 1-800-251-1270

Note to Pharmacies:

- Please call GHS with questions regarding prescriptions:
1-877-209-1264

How to get ongoing EqualityCare/Medicaid:

- Complete a Healthcare Coverage Application
- Return the application to a local Department of Family Services office.
- DFS will process the application and notify you if you are eligible for a Medicaid program.

Qualified Provider_____
Qualified Provider's Telephone Number